

AFDC PROGRAM CHOICE INDICATORComplete in duplicate for use in
discussion with Caretaker Relative

- Original to IM case
- Copy to Caretaker Relative

CASE NAME	CASE NUMBER	
NAME OF FOSTER CHILD #1	NAME OF FOSTER CHILD #2	NAME OF FOSTER CHILD #3

You may choose the type of aid you want to receive for the above-named related child(ren) placed in your care by the county welfare department or probation department as a result of a court order or a voluntary placement agreement. This choice is available to caretaker relatives, other than parents, of foster child(ren) who meet all federal eligibility requirements for AFDC-FC (Foster Care). Your choices are AFDC-FC, AFDC-FG, and if you are also determined eligible for AFDC-FG, a combination of the two programs.

Please read the three program descriptions below carefully before deciding which you want to receive. Check one of the three boxes below to indicate your choice. Sign and date the form and return it to the county welfare department. If you have any questions, contact either your eligibility worker or the placement worker.

	AFDC-FC	AFDC-FG	AFDC-FC & FG
PROGRAM DESCRIPTION	The AFDC-FC payment covers only the needs of the above-named federally eligible child(ren). An AFDC-FC eligible child(ren) is eligible to receive Medi-Cal benefits.	The AFDC-FG payment is for the above named child(ren) and provided all eligibility requirements are met, you and other eligible family members. AFDC-FG recipients are eligible to receive Medi-Cal benefits.	The AFDC-FC payment covers the needs of the above-named child(ren). If you are eligible, the AFDC-FG payment covers your needs. An AFDC-FC child(ren) and an AFDC-FG recipient are eligible to receive Medi-Cal benefits.
PAYMENT AMOUNT	AFDC-FC payment for #1 _____ #2 _____ #3 _____ _____ person(s) will be aided. TOTAL PAID may be \$ _____ *Actual payment is based on a child's eligibility.	Payment is for above-named eligible child(ren) <u>and</u> all other eligible family members _____ person(s) will be aided. TOTAL PAID may be \$ _____ *Actual payment is based on recipients' income and eligibility.	AFDC-FC payment for #1 _____ #2 _____ #3 _____ AFDC-FG payment for needy caretaker relative if eligible \$ _____ *TOTAL PAID may be \$ _____ *Actual payment is based on recipients' income and eligibility.
DATE(S) PAID	On the _____ of the month for the previous month.	On the _____ and _____ of the month for that month.	AFDC-FC check on the _____ of the month for the previous month. AFDC-FG check on the _____ and the _____ of the month for that month.
SOCIAL SERVICES	Placement worker visits are required.	Placement worker visits are required by Child Welfare rules, but are not required for AFDC-FG payments to be made.	Placement worker visits are required.
LICENSING/ APPROVAL OF HOME	Your home must be approved by the placement worker.	Your home must be approved by the placement worker to meet Child Welfare rules, but this is not required for AFDC-FG payments to be made.	Your home must be approved by the placement worker.
REDETERMINATION OF ELIGIBILITY	Must be done at least every six months.	Must be done at least once a year.	Must be done at least every six months for AFDC-FC AND Must be done at least once a year for AFDC-FG.
REPORTING OBLIGATIONS	Any changes in the foster child(ren)'s circumstances must be reported to the county welfare department at the time they occur.	Changes must be reported within 5 days AND you must complete a Monthly Income Report (CA-7) every month. If you fail to complete and submit this report on time your aid may be discontinued.	Any changes in the foster child(ren)'s circumstances must be reported to the county welfare department at the time they occur AND You must complete a Monthly Income Report (CA-7) every month. If you fail to complete and submit this report on time your AFDC-FG may be discontinued.

I have read the above and understand that I may choose AFDC-FC, AFDC-FG, or a combination of both for myself and for the above-named related child(ren) placed in my care. I choose:

☐ **AFDC-FC**☐ **AFDC-FG**☐ **AFDC-FC & FG**

CARETAKER RELATIVE SIGNATURE	DATE	ELIGIBILITY/PLACEMENT WORKER SIGNATURE	DATE
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